



PQRS-2015 Update

CAH QI Coordinator Meeting

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Frann Otte

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2015

- Help improve health care quality
- 2015 reporting will determine 2017 payment adjustment

Who is Eligible

Eligible Professionals

- Under Physician Quality Reporting System (PQRS), covered professional services are those paid under or based on the Medicare Physician Fee Schedule (PFS). To the extent that eligible professionals are providing services which get paid under or based on the PFS, those services are eligible for PQRS incentive payments and/or payment adjustments.

Eligible and Able to Participate

1. Medicare physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

Eligible and Able to Participate

2. Practitioners

- Physician Assistant
- Nurse Practitioner*
- Clinical Nurse Specialist*
- Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
- Certified Nurse Midwife*
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologists
- **Includes Advanced Practice Registered Nurse (APRN)*

Eligible and Able to Participate

3. Therapists

- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

Eligible and Able to Participate

Note: Beginning in 2014, professionals who reassign benefits to a Critical Access Hospital (CAH) that bills professional services at a facility level, such as CAH Method II billing, can now participate (in all reporting methods). To do so, the CAH **must** include the individual provider NPI on their Institutional (FI) claims.

Eligible But NOT Able to Participate

Eligible But Not Able to Participate

- Some professionals may be eligible to participate per their specialty, but due to billing method may not be *able* to participate:
- Professionals who do not bill Medicare at an individual National Provider Identifier (NPI) level, where the rendering provider's individual NPI is entered on CMS-1500 type paper or electronic claims billing, associated with specific line-item services.
- Services payable under fee schedules or methodologies other than the PFS are not included in PQRS

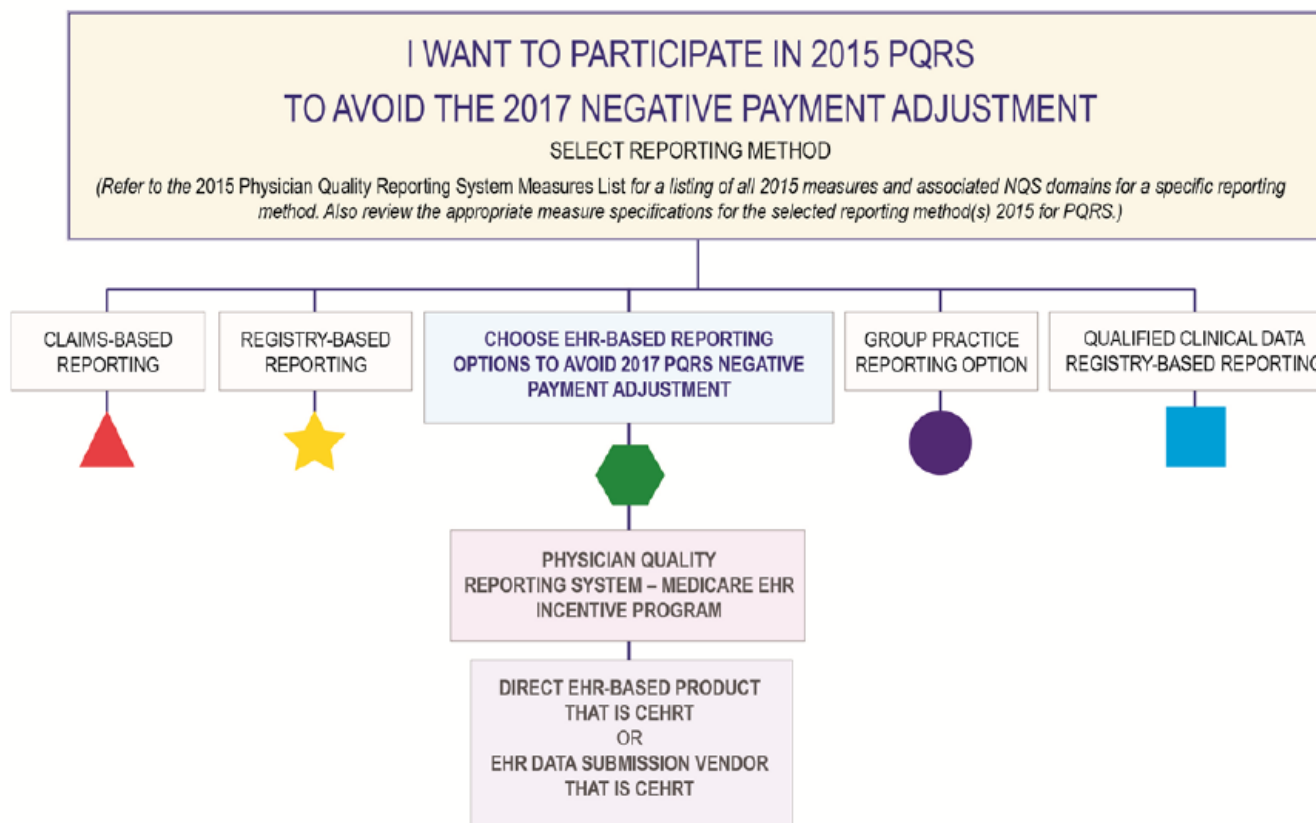
Individual vs Group

- EPs do not need to register to participate as individual
- Groups (defined as 2 or more) must register to participate in GPRO
 - April 1 – June 30, 2015
 - Registration is completed through the Physician Value (PV)-PQRS registration system, at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>

Reporting Methods



Decision Tree



Selecting Measures

1. Review Measures List

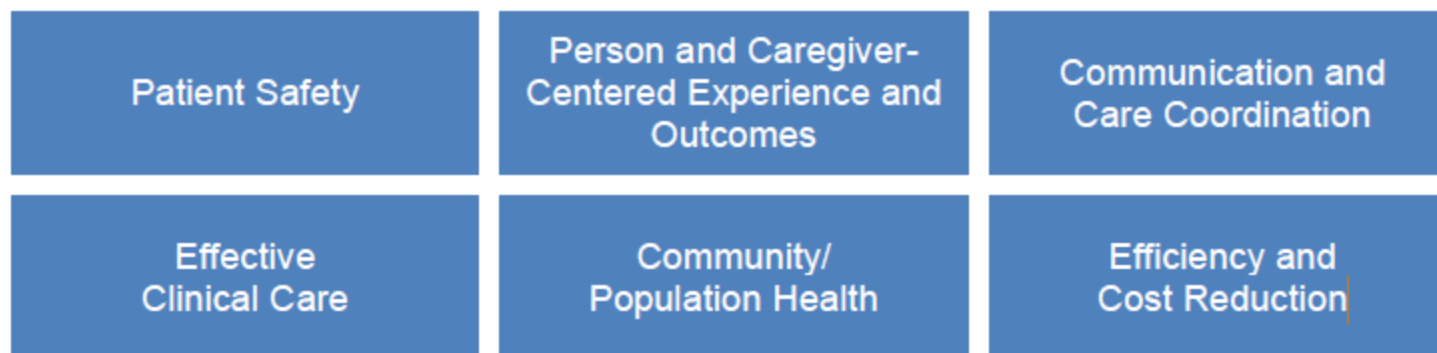
2. Consider important factors:

- Clinical conditions commonly treated
- Types of care delivered frequently – e.g., preventive, chronic, acute
- Settings where care is often delivered – e.g., office, emergency department (ED), surgical suite
- Quality improvement goals
- Other quality reporting programs in use or being considered

3. Review specifications

NQS Domains

The Six NQS Domains



**9 or more measures covering
at least 3 NQS domains**

Measure Groups

- Registry reporting only
- 1 group on 20 patient sample, a majority of which must be Medicare Part B patients (11)
- 12 month period only

Cross Cutting Measures

- Claims and registry reporting
- Report one
- See <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

Specialty Measure Sets

- Guide to assist EP choose measures applicable to specialty
 - [Potential Cardiology Preferred Measure Set](#)
 - [Potential Emergency Medicine Preferred Measure Set](#)
 - [Potential Gastroenterology Preferred Measure Set](#)
 - [Potential General Practice/Family Preferred Measure Set](#)
 - [Potential Internal Medicine Preferred Measure Set](#)
 - [Potential Multiple Chronic Conditions Preferred Measure Set](#)
 - [Potential Obstetrics/Gynecology Preferred Measure Set](#)
 - [Potential Oncology/Hematology Preferred Measure Set](#)
 - [Potential Ophthalmology Preferred Measure Set](#)
 - [Potential Pathology Preferred Measure Set](#)
 - [Potential Radiology Preferred Measure Set](#)
 - [Potential Surgery Preferred Measure Set](#)

Measure-Applicability Validation

- If submit less measures or domains
- See <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>
- Will check on cross-cutting measure reporting

Feedback Report

- For every TIN under which at least one EP submitting Medicare Part B claims reported at least one valid PQRS measure
- Fall
- Reporting rates, clinical performance, and incentives earned

Public Reporting

- Results on Physician Compare in 2016

2017 Payment Adjustments

Program	Applicable to	Adjustment Amount	Based on PY
PQRS	All eligible professionals (EPs)	-2.0% of Medicare Physician Fee Schedule (MPFS)	2015
Medicare EHR Incentive Program	Medicare physicians (if not a meaningful user)	-3.0% of MPFS	2015
Value-based Payment Modifier	All physicians in groups with 2+ EPs and physicians who are solo practitioners	<p>Mandatory Quality-Tiering for PQRS reporters-</p> <p>Groups with 2-9 EPs and solo practitioners: Upward or neutral VM adjustment only based on quality-tiering (+0.0% to +2.0x of MPFS)</p> <p>Groups with 10+ EPs: Upward, neutral, or downward VM adjustment based on quality-tiering (-4.0% to +4.0x of MPFS)</p> <p>Groups and solo practitioners receiving an upward adjustment are eligible for an additional +1.0x if their average beneficiary risk score is in the top 25% of all beneficiary risk scores nationwide.</p> <p>Non-PQRS reporters-</p> <p>Groups with 2-9 EPs and solo practitioners: automatic -2.0% of MPFS downward adjustment</p> <p>Groups with 10+ EPs: Automatic -4.0% of MPFS downward adjustment</p>	2015

Resources-PQRS Website

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

- Made Simple Guides
- Implementation Guide
- Measure details
- And so much more!!

Home > Medicare > Physician Quality Reporting System

Physician Quality Reporting System

- [Spotlight](#)
- [How To Get Started](#) ←
- [CMS Sponsored Calls](#)
- [Statute Regulations Program Instructions](#)
- [ICD-10 Section](#)
- [Measures Codes](#) ←
- [Registry Reporting](#) ←
- [Electronic Health Record Reporting](#) ←
- [CMS-Certified Survey Vendor](#)
- [Qualified Clinical Data Registry Reporting](#) ←
- [Group Practice Reporting Option](#) ←

How To Step-by-System

Note: For Value-based Quality Re

STEP 1:

Determine i
of eligible
as not all e
schedule m

STEP 2:

Determine
can be repr
registry-bas
Practice Re

Questions



Resources

QualityNet HelpDesk

1-866-288-8912 Monday-Friday 7AM-7PM

Qnetsupport@hcqis.org

Frann Otte

Frann.otte@area-d.hcqis.org

515-273-8807